

FILE
NUMBER 151

Child's First Name (Type or print)

1b. Middle Name

1c. Last Name

Sex	3. This Birth Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	4. If Twin or Triplet, Was Child Born 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	5a. Birth Date	Month	Day	Year	5b. Hour
Place of Birth: City, Town or Rural Location							6b. Island
Name of Hospital or Institution (If not in hospital or institution, give street address) Kapiolani Maternity & Gynecological Hospital				6d. Is Place of Birth Inside City or Town Limits? If no, give judicial district Yes <input type="checkbox"/> No <input type="checkbox"/>			
Usual Residence of Mother: City, Town or Rural Location			7b. Island		7c. County and State or Foreign Country		
Street Address				7e. Is Residence Inside City or Town Limits? If no, give judicial district Yes <input type="checkbox"/> No <input type="checkbox"/>			
Mother's Mailing Address				7g. Is Residence on a Farm or Plantation Yes <input type="checkbox"/> No <input type="checkbox"/>			
Full Name of Father				9. Race of Father			
Age of Father	11. Birthplace (Island, State or Foreign Country)		12a. Usual Occupation		12b. Kind of Business or Industry		
Full Maiden Name of Mother				14. Race of Mother			
Age of Mother	16. Birthplace (Island, State or Foreign Country)		17a. Type of Occupation Outside Home During Pregnancy			17b. Date Last Worked	
I certify that the above stated information is true and correct to the best of my knowledge.		18a. Signature of Parent or Other Informant				Parent <input type="checkbox"/> 18b. Date of Signature	
						Other <input type="checkbox"/>	
I hereby certify that this child born alive on the date and place stated above.		19a. Signature of Attendant				M.D. <input type="checkbox"/> 19b. Date of Signature	
						D.O. <input type="checkbox"/>	
Date Accepted by Local Reg. AUG 11 2017		21. Signature of Local Registrar				Midwife <input type="checkbox"/>	
						Other <input type="checkbox"/>	
				22. Date Accepted by Reg. General			
Evidence for Delayed Filing or Alteration							

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Sex

3. This Birth

Single ☐ Twin ☐ Triplet ☐4. If Twin or Triplet,
Was Child Born1st ☐ 2nd ☐ 3rd ☐5a. Birth
Date

Month

Day

Year

5b. Hour

M

Place of Birth: City, Town or Rural Location

6b. Island

Name of Hospital or Institution (If not in hospital or institution, give street address)

Kapiolani Maternity & Gynecological Hospital

6d. Is Place of Birth Inside City or Town Limits?

If no, give judicial district

Yes ☐ No ☐

Usual Residence of Mother: City, Town or Rural Location

7b. Island

7c. County and State or Foreign Country

Street Address

7e. Is Residence Inside City or Town Limits?

If no, give judicial district

Yes ☐ No ☐

Mother's Mailing Address

7g. Is Residence on a Farm or Plantation

Yes ☐No ☐

Full Name of Father

9. Race of Father

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Parent ☐Other ☐

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19a. Signature of Attendant

M.D. ☐D.O. ☐Midwife ☐Other ☐

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If no give judicial district

Yes ☐ No ☐

Mother's Mailing Address

7g. Is Residence on a Farm or Plantation

Yes ☐No ☐

Full Name of Father

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Age of Father	11. Birthplace (Island, State or Foreign Country)	12a. Usual Occupation		12b. Kind of Business or Industry	
Full Maiden Name of Mother			14. Race of Mother		
Age of Mother	16. Birthplace (Island, State or Foreign Country)	17a. Type of Occupation Outside Home During Pregnancy		17b. Date Last Worked	
I certify that the above stated information is true and correct to the best of my knowledge.	18a. Signature of Parent or Other Informant			Parent <input type="checkbox"/>	18b. Date of Signature
				Other <input type="checkbox"/>	
I hereby certify that this child born alive on the date and as stated above.	19a. Signature of Attendant			M.D. <input type="checkbox"/>	19b. Date of Signature
				D.O. <input type="checkbox"/>	
			Midwife <input type="checkbox"/>		
			Other <input type="checkbox"/>		
Date Accepted by Local Reg. AUG 11 2017	21. Signature of Local Registrar			22. Date Accepted by Reg. General	
Evidence for Delayed Filing or Alteration					

FILE
NUMBER 151

Child's First Name (Type or print)

1b. Middle Name

1c. Last Name

Sex

3. This Birth

4. If Twin or Triplet,
Was Child Born5a. Birth
Date

Month

Day

Year

5b. Hour

Single ☐ Twin ☐ Triplet ☐1st ☐ 2nd ☐ 3rd ☐

Place of Birth: City, Town or Rural Location

6b. Island

Name of Hospital or Institution (If not in hospital or institution, give street address)

Kapiolani Maternity & Gynecological Hospital

6d. Is Place of Birth Inside City or Town Limits?

If no, give judicial district

Yes ☐ No ☐

Usual Residence of Mother: City, Town or Rural Location

7b. Island

7c. County and State or Foreign Country

Street Address

7e. Is Residence Inside City or Town Limits?

If no, give judicial district

Yes ☐ No ☐

Mother's Mailing Address

7g. Is Residence on a Farm or Plantation

Yes ☐No ☐

Full Name of Father

9. Race of Father

Age of Father

11. Birthplace (Island, State or Foreign Country)

12a. Usual Occupation

12b. Kind of Business or Industry

Full Maiden Name of Mother

14. Race of Mother

Age of Mother

16. Birthplace (Island, State or Foreign Country)

17a. Type of Occupation Outside Home During Pregnancy

17b. Date Last Worked

I certify that the above stated
information is true and correct
to the best of my knowledge.I hereby certify that this child
was born alive on the date and
place stated above.

18a. Signature of Parent or Other Informant

Parent ☐Other ☐

18b. Date of Signature

19a. Signature of Attendant

M.D. ☐D.O. ☐Midwife ☐Other ☐

19b. Date of Signature

Date Accepted by Local Reg.

21. Signature of Local Registrar

22. Date Accepted by Reg. General

AUG 11 2017

Evidence for Delayed Filing or Alteration

FILE
NUMBER 151

Child's First Name (Type or print)

1b. Middle Name

1c. Last Name

Sex

3. This Birth

4. If Twin or Triplet,
Was Child Born5a. Birth
Date

Month

Day

Year

5b. Hour

Single ☐ Twin ☐ Triplet ☐1st ☐ 2nd ☐ 3rd ☐

M

Place of Birth: City, Town or Rural Location

6b. Island

Name of Hospital or Institution (If not in hospital or institution, give street address)

Kapiolani Maternity & Gynecological Hospital

6d. Is Place of Birth Inside City or Town Limits?

If no, give judicial district

Yes ☐ No ☐

Usual Residence of Mother: City, Town or Rural Location

7b. Island

7c. County and State or Foreign Country

Street Address

7e. Is Residence Inside City or Town Limits?

If no, give judicial district

Yes ☐ No ☐

Mother's Mailing Address

7g. Is Residence on a Farm or Plantation

Yes ☐ No ☐

Full Name of Father

9. Race of Father

Age of Father

11. Birthplace (Island, State or Foreign Country)

12a. Usual Occupation

12b. Kind of Business or Industry

Full Maiden Name of Mother

14. Race of Mother

Age of Mother

16. Birthplace (Island, State or Foreign Country)

17a. Type of Occupation Outside Home During Pregnancy

17b. Date Last Worked

I certify that the above stated
information is true and correct
to the best of my knowledge.

18a. Signature of Parent or Other Informant

Parent ☐Other ☐

18b. Date of Signature

I hereby certify that this child
was born alive on the date and
time stated above.

19a. Signature of Attendant

M.D. ☐D.O. ☐Midwife ☐Other ☐

19b. Date of Signature

Date Accepted by Local Registrar

21. Signature of Local Registrar

22. Date Accepted by Reg. General

Evidence for Delayed Filing or Alteration

FILE
NUMBER 151

Child's First Name (Type or print)

1b. Middle Name

1c. Last Name

Sex	3. This Birth Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	4. If Twin or Triplet, Was Child Born 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	5a. Birth Date	Month	Day	Year	5b. Hour
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Place of Birth: City, Town or Rural Location

6b. Island

Name of Hospital or Institution (If not in hospital or institution, give street address)

Kapiolani Maternity & Gynecological Hospital

6d. Is Place of Birth Inside City or Town Limits?

If no, give judicial district

Yes ☐ No ☐

Usual Residence of Mother: City, Town or Rural Location

7b. Island

7c. County and State or Foreign Country

Street Address

7e. Is Residence Inside City or Town Limits?

If no, give judicial district

Yes ☐ No ☐

Mother's Mailing Address

7g. Is Residence on a Farm or Plantation

Yes ☐ No ☐

Full Name of Father

9. Race of Father

Age of Father

11. Birthplace (Island, State or Foreign Country)

12a. Usual Occupation

12b. Kind of Business or Industry

Full Maiden Name of Mother

14. Race of Mother

Age of Mother

16. Birthplace (Island, State or Foreign Country)

17a. Type of Occupation Outside Home During Pregnancy

17b. Date Last Worked

I certify that the above stated
information is true and correct
to the best of my knowledge.

18a. Signature of Parent or Other Informant

Parent ☐Other ☐

18b. Date of Signature

I hereby certify that this child
born alive on the date and
time stated above.

19a. Signature of Attendant

M.D. ☐D.O. ☐Midwife ☐Other ☐

19b. Date of Signature

Date Accepted by Local Reg.

21. Signature of Local Registrar

22. Date Accepted by Reg. General

Evidence for Delayed Filing or Alteration

FILE
NUMBER 151

Child's First Name (Type or print)		1b. Middle Name		1c. Last Name	
Sex	3. This Birth Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	4. If Twin or Triplet, Was Child Born 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	5a. Birth Date	Month	Day Year
Place of Birth: City, Town or Rural Location				5b. Hour	
Name of Hospital or Institution (If not in hospital or institution, give street address) Kapiolani Maternity & Gynecological Hospital				6d. Is Place of Birth Inside City or Town Limits? If no, give judicial district Yes <input type="checkbox"/> No <input type="checkbox"/>	
Usual Residence of Mother: City, Town or Rural Location		7b. Island		7c. County and State or Foreign Country	
Street Address		7e. Is Residence Inside City or Town Limits? If no, give judicial district Yes <input type="checkbox"/> No <input type="checkbox"/>			
Mother's Mailing Address		7g. Is Residence on a Farm or Plantation Yes <input type="checkbox"/> No <input type="checkbox"/>			
Full Name of Father		9. Race of Father			
Age of Father	11. Birthplace (Island, State or Foreign Country)	12a. Usual Occupation		12b. Kind of Business or Industry	
Full Maiden Name of Mother		14. Race of Mother			
Age of Mother	16. Birthplace (Island, State or Foreign Country)	17a. Type of Occupation Outside Home During Pregnancy		17b. Date Last Worked	
I certify that the above stated information is true and correct to the best of my knowledge.	18a. Signature of Parent or Other Informant		Parent <input type="checkbox"/>		18b. Date of Signature
			Other <input type="checkbox"/>		
I hereby certify that this child born alive on the date and as stated above.	19a. Signature of Attendant		M.D. <input type="checkbox"/>		19b. Date of Signature
			D.O. <input type="checkbox"/>		
Date Accepted by Local Reg. AUG 11 2017	21. Signature of Local Registrar		Midwife <input type="checkbox"/>		
			Other <input type="checkbox"/>		
		22. Date Accepted by Reg. General			
Evidence for Delayed Filing or Alteration					

FILE
NUMBER 151

Child's First Name (Type or print)

1b. Middle Name

1c. Last Name

Sex	3. This Birth Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	4. If Twin or Triplet, Was Child Born 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	5a. Birth Date	Month	Day	Year	5b. Hour
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Place of Birth: City, Town or Rural Location

6b. Island

Name of Hospital or Institution (If not in hospital or institution, give street address)

Kapiolani Maternity & Gynecological Hospital

6d. Is Place of Birth Inside City or Town Limits?

If no, give judicial district

Yes ☐ No ☐

Usual Residence of Mother: City, Town or Rural Location

7b. Island

7c. County and State or Foreign Country

Street Address

7e. Is Residence Inside City or Town Limits?

If no, give judicial district

Yes ☐ No ☐

Mother's Mailing Address

7g. Is Residence on a Farm or Plantation

Yes ☐ No ☐

Full Name of Father

9. Race of Father

Age of Father

11. Birthplace (Island, State or Foreign Country)

12a. Usual Occupation

12b. Kind of Business or Industry

Full Maiden Name of Mother

14. Race of Mother

Age of Mother

16. Birthplace (Island, State or Foreign Country)

17a. Type of Occupation Outside Home During Pregnancy

17b. Date Last Worked

I certify that the above stated
information is true and correct
to the best of my knowledge.

18a. Signature of Parent or Other Informant

Parent ☐Other ☐

18b. Date of Signature

I hereby certify that this child
was born alive on the date and
place stated above.

19a. Signature of Attendant

M.D. ☐D.O. ☐Midwife ☐Other ☐

19b. Date of Signature

Date Accepted by Local Reg.

21. Signature of Local Registrar

22. Date Accepted by Reg. General

Evidence for Delayed Filing or Alteration

AUG 11 2011

FILE
NUMBER 151

Child's First Name (Type or print)

1b. Middle Name

1c. Last Name

Sex	3. This Birth Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	4. If Twin or Triplet, Was Child Born 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	5a. Birth Date	Month	Day	Year	5b. Hour
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Place of Birth: City, Town or Rural Location

6b. Island

Name of Hospital or Institution (If not in hospital or institution, give street address)

Kapiolani Maternity & Gynecological Hospital

6d. Is Place of Birth Inside City or Town Limits?

If no, give judicial district

Yes ☐ No ☐

Usual Residence of Mother: City, Town or Rural Location

7b. Island

7c. County and State or Foreign Country

Street Address

7e. Is Residence Inside City or Town Limits?

If no, give judicial district

Yes ☐ No ☐

Mother's Mailing Address

7g. Is Residence on a Farm or Plantation

Yes ☐ No ☐

Full Name of Father

9. Race of Father

Age of Father

11. Birthplace (Island, State or Foreign Country)

12a. Usual Occupation

12b. Kind of Business or Industry

Full Maiden Name of Mother

14. Race of Mother

Age of Mother

16. Birthplace (Island, State or Foreign Country)

17a. Type of Occupation Outside Home During Pregnancy

17b. Date Last Worked

I certify that the above stated
information is true and correct
to the best of my knowledge.

18a. Signature of Parent or Other Informant

Parent ☐Other ☐

18b. Date of Signature

I hereby certify that this child
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19a. Signature of Attendant

M.D. ☐D.O. ☐Midwife ☐Other ☐

19b. Date of Signature

Date Accepted by Local Reg.

21. Signature of Local Registrar

22. Date Accepted by Reg. General

Evidence for Delayed Filing or Alteration